

EXHIBIT 16

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 023 ***550.00

DOCUMENT # P01000094979**1. Entity Name**
ASB SECURITIES, INC.**Principal Place of Business**
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**Mailing Address**
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****INTRASTATE REGISTERED AGENT CORPORATION**
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **Munoz, Carlos**
STREET ADDRESS **701 Brickell Avenue, Ste. 3000**
CITY-ST-ZIP **Miami, Florida 33131**TITLE **D** ☐ Change ☒ Addition
NAME **Maggiolo, Javier**
STREET ADDRESS **701 Brickell Avenue, Ste. 3000**
CITY-ST-ZIP **Miami, Florida 33131**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PUBLIC0692910

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90183 015 ***550.00

DOCUMENT # P01000094979

1. Entity Name
CREDICORP SECURITIES, INC.



Principal Place of Business
**701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131**

2. Principal Place of Business
121 Alhambra Plaza
Suite, Apt. #, etc.
Suite 1200

3. Mailing Address
121 Alhambra Plaza
Suite, Apt. #, etc.
Suite 1200

City & State
Coral Gables FL
Zip
33134 Country
USA

City & State
Coral Gables FL
Zip
33134 Country
USA

4. FEI Number **APPLIED FOR**
Redacted 7925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MUNOZ, CARLOS**
STREET ADDRESS **701 BRICKELL AVE STE 3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **MAGGIOLO, JAVIER**
STREET ADDRESS **701 BRICKELL AVE STE 3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **121 Alhambra Plaza; Suite 1200**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **General Manager** ☒ Change ☐ Addition
NAME
STREET ADDRESS **121 Alhambra Plaza; Suite 1200**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **D** ☐ Change ☒ Addition
NAME **Montero, Fernando**
STREET ADDRESS **701 Brickell Ave., Ste. 3000**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an attorney empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Maggiolo 8-29-03. 305-446-4441

PUBLIC0692911

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094979

FILED
May 26, 2004
Secretary of State

Entity Name: CREDICORP SECURITIES, INC.

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: Redacted 7925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNOZ, CARLOS
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: GMGR () Delete
Name: MAGGIOLO, JAVIER
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MONTERO, FERNANDO
Address: 701 BRICKELL AVE., SUITE 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER MAGGIOLO

GM

05/26/2004

Electronic Signature of Signing Officer or Director

Date

PUBLIC0692912